

1.) CORPORATION NAME:

DUE DATE: **10/29/2010**

GLAUCOMA RESEARCH FOUNDATION

SCC ID NO: **F1193897**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

INCORP SERVICES INC

7288 HANOVER GREEN DR

MECHANICSVILLE, VA 23111

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 251 POST ST STE 600

CITY/ST/ZIP: SAN FRANCISCO, CA 94108-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THOMAS M BRUNNER
TITLE: PRES/CEO
ADDRESS: 251 POST ST STE 600
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94108-

☒ OFFICER

☒ DIRECTOR

NAME: FREDERICK H BRINKMAN
TITLE: TREASURER
ADDRESS: 972 ADDISON ST
CITY/ST/ZIP/CO: PALO ALTO, CA 94301-

☒ OFFICER

☒ DIRECTOR

NAME: ANDREW G IWACH MD
TITLE: VICE CHRM
ADDRESS: 55 STEVENSON ST
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

☒ OFFICER

☒ DIRECTOR

NAME: MICHAEL L. PENN
TITLE: SECRETARY
ADDRESS: 549 ORIZABA AVENUE
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94132-

☒ OFFICER

☒ DIRECTOR

NAME: KULDEV SINGH
TITLE: BRD CHAIR
ADDRESS: 900 BLAKE WILBUR DR
RM W3055
CITY/ST/ZIP/CO: STANFORD, CA 94305-

☒ OFFICER

☒ DIRECTOR

NAME:	J. BRONWYN BATEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 RACE ST 17N		
CITY/ST/ZIP/CO:	DENVER, CO 80206-		
NAME:	H. ALLEN BOUCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	420 WILDWOOD AVE		
CITY/ST/ZIP/CO:	PIEDMONT, CA 94611-		
NAME:	C. SETH CUNNINGHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	318 E 70TH ST APT 5RE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10021-		
NAME:	TIMOTHY J. DWYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	80 STADLER DR		
CITY/ST/ZIP/CO:	WOODSIDE, CA 94062-		
NAME:	JOHN W. GRUNDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PFIZER, INC.		
CITY/ST/ZIP/CO:	235 E 42ND ST 219-8-8 NEW YORK, NY 10017-		
NAME:	JOHN HETHERINGTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 LEEWARD RD		
CITY/ST/ZIP/CO:	BELVEDERE TIBURON, CA 94920-		
NAME:	H. DUNBAR HOSKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 PENINSULA RD		
CITY/ST/ZIP/CO:	BELVEDERE TIBURON, CA 94920-		
NAME:	LINDA C. LINCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3557 BOYER CIR		
CITY/ST/ZIP/CO:	LAFAYETTE, CA 94549-		
NAME:	DEIRDRE PORTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WENTWORTH, HAUSER, AND VIOLICH, INC.		
CITY/ST/ZIP/CO:	301 BATTERY ST STE 400 SAN FRANCISCO, CA 94111-		
NAME:	ADRIENNE L. GRAVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	999 GREEN ST #1205		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94133-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RHETT M. SCHIFFMAN DIRECTOR 2525 DUPONT DR IRVINE, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS E. SINGLETON DIRECTOR 138 ISABELLA AVE ATHERTON, CA 94027-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L. STAMPER DIRECTOR 562 ARLINGTON AVE BERKELEY, CA 94707-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL STEWART DIRECTOR 506 HANBURY LN FOSTER CITY, CA 94404-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR S. TAKAHARA DIRECTOR 381 FOXBOROUGH DR MOUNTAIN VIEW, CA 94041-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE E. THOMAS DIRECTOR 354 DONALD DR MORAGA, CA 94556-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN B. WAX DIRECTOR 1607 SLEEPY HOLLOW CT WESTLAKE, TX 76262-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONA ZANDER DIRECTOR 9 VASQUEZ TRL CARMEL, CA 93923-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS M BRUNNER		THOMAS M BRUNNER, PRES/CEO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			